#### RECORD PERMANENT

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DEATH in piain

See instructions OF mportant. Every m

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. Non If death occurred in .Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That Lattended decessed from DATE OF BIRTH (Month) (Day . (Year) TAGE If LESS than and that death occurred on the date stated above, a 1 day,.....hrs. OR ..... min. ? .....ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DiseAse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ..... yrs. ..... mos. ... \_ ds. State ..... yrs. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAR If more blanks are needed, address State Wegistrar, 6 E. Franklin St., Bulto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the honsehold only (not paid Housekeepers minc, etc. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise spect additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthful who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. the nature of the business or industry, and therefore an first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The question

Statement of cause of death—Name, first, the disease causing death if the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid descriptions); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collabse," "Coma," "Convalsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenveral septichae cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmerc symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." schsis, tetanus) by carbolic acid-probably snicide. The nature of the deut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS state MEANS OF INJURY and qualify as Bronchopucumonia (secondary), 10 ds. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all discases resulting from Mcastes "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 ds.; "Dropsy," State cause for "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

Village or City Near Hocales Ind	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
²FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Acolor or Race  Single,  MARRIED,  WIDOWED,  ORDIVORCE  (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from Carry 29 1914, to Carry 29 1914,
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of Industry, business, or establishment in which employed (or employer)	(Durstion) 5 yrs mos ds.
9 BIRTHPLACE (State or country) Stocklery Ind.	Contributory Secondary  (Duration) yrs mos ds.
10 NAME OF FATHER COUNTRY Worcester, O. Mrd.  11 BIRTHPLACE OF FATHER (State or country Worcester, O. Mrd.  12 MAIDEN NAME OF MOTHER LA Men Walson.	(Signed) (Address) Termina M. D.  *State the Disease Causing Death, of in deaths from Violent Cayses, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant)  (Intermant)	of death yrs mos ds. State yrs mes ds  Where was disease contracted, if not at place of death?  Former or usual residence
Filed 8/30/, 1914 W O Harries  REGISTRAR  If wore blacks are needed address State Baris	19 RLACE OF BURIAL OR REMOVAL  COLER WILL M. Cent. 8 36, 1914  OUNDERTAKER  ADDRESS  Hancock & Smark Slock by Markettar, G. E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foremau," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (uame origin; "Cansepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Coutributory." injury, as fracture of skull, and consequences (c. g., dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 "Exhaustion,"



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	PLACE OF DEATH 8339	STATE OF MAR	RYLAND
	(inspenden	CERTIFICATE O	F DEATH
Co	ounty Morale O	Registere	d No.350
V	illage or Gity Near Promise Cu	St; Ward)	[it death occurred is a hospital or institution give its NAME instead of street and nomber.]
	*FULL NAME DUMINUE FY THE		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 SE	Male White Single, Marries, Wisowes, ORDIVORCES (Write the word)	(Month)  17 I HEREBY CERTIFY, That	(Day) (Year)
6 D	May 15 1944 (Month) (Day) (Year)	that I last saw in Jun alive on augus	8/7th 1912/
7 A C	1 2 2 2 2 2	and that death occurred on the gate states.	above, at 8 P m
	ccupation / / ds. or min.?	Ten of bowie	bangula
	Trade, profession, or Laborn		
bus	General nature of industry, iness, or establishment in worked at Miller and memory of the employed (or employer)	(Duration)	yrsmos. 3 ds.
9 BI	PRTHPLACE tate or country) MOT CES TELL CO	Geration (Secondary)	Vrs. mos. ds
	10 NAME OF Churles Buller	(Signed) SAMU S2	un N.O.
NTS	15 BIRTHPLACE OF FATHER (State or country)  Morces Cer Co	*State the DISEASE CAUSING DEATH, or, I	n-deaths from Violens
PARENT	12 MAIDEN NAME MANIA FWYS	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.  19 LENGTH OF RESIDENCE (FOR HOSPITALS, 1)	
	13 BIRTHPLACE OF MOTHER (State or country)  WOTUSER Co	At place In the of death yrs mos ds. State	yrs, mos ds.
	(Informant) Augus Butter	Where was disease contracted, If not at place et death?  Former or usual residence	
	(Address) Valmushe cely	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 Fil	ed 8/18 ,1914 Effman Tellmon	20 UNDERTAKER Plevmson Bras	ADDRESS Premohe
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. N	To. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupaetc. If retired from business, that fact may be indiemployed, as At school or At home. Care Never return Women at home, who are engaged in the "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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state Very PHYSICIANS should a PERMANENT RECORD properly classified. Exact statement should be stated EXACTLY. 4 UNFADING INK-THIS IS AGE Every item of information should be carefully supplied. GAUSE OF DEATH in plain terms, so that it may be may be of certificate. DEATH in plain terms, so that it WRITE PLAINLY, WITH See Instructions on back Important. ď.

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1 PLACE OF DEATH County Wocestu Snow Olice FULL NAME.... PERS



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ...

St.;----Ward)

lif death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemol. White the word)	18 DATE OF DEATH  Aug 28 1914  (Month) (Day (Year)
DATE OF BIRTH  MY  (Month)  (Day  (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE   If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 6 m, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (e) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Meabling from out (Duration) yrs. / mos / ds.
9 BIRTHPLACE (State or country) Woust	Contributory Secondary (Duration) yrs mos ds.  (Signed) Taw Jones M D
11 BIRTHPLACE OF FATHER (State or country) World  2 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Land Bullu  13 BIRTHPLACE OF MOTHER (State or country) World  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs mos ds  Where was disease contracted,
(Informant) 9, 6. Carmeon.	Il not at place of death?  Former or  USUAL residence
Filed Aug 29 th, 1914 Rekon Swith	Marach - War & Appress
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cauetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Broncholmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Concause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanns) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds... "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion,"



	should state
RECORD	PHYSICIANS of OCCUPAT
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	I. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
WRITE PLAINLY, WITH	I. B.—Every Item of Information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.

8341 1 PLACE OF DEATH County Worcesler

STATE OF MARYLAND CERTIFICATE OF DEATH

	0 . 11.	Registration Dist, No.
	FULL NAME (No	St.; Ward)  [If death occurred le a hospital or Institution give its NAME lestead ef street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male Color or RACE Single, Marrieo, Widowed, Orbivorceo (Write the word)	18 DATE OF DEATH  (Month)  (Day)  (Year)  17 1 HEREBY CERTIFY, That 1 attended deceased from
6 0	ATE OF BIRTH  Aug. 25, 1914  (Month) (Day) (Year)	Aug. 25, 1914, to 191, 191, 191, 191, 191, 191, 191, 191
7 A	GE   If LESS than 1 dey,hrs.   ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION ) Trade, profession, or  ritcular kind of work	Still - Forms. (Ouration) yrs. mos. ds.
9 B	IRTHPLACE (State or country) Maryland	Gontributory (Becondary)  (Duration) yrs mos ds.
RENTS	10 NAME OF FATHER Solve Collins,  11 BIRTHPLACE OF FATHER (State or country) Maryland,  12 MAIDEN NAME  10 NAME OF COUNTRY) Maryland,	(Signed) (Signed), M. D. A. D. D. A. D. D. A. D. D. A. D.
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds, State yrs, mos ds.
15	Informant) Share to the Best of My KNOWLEDGE Informant) Share Collins, (Address) Sindle Little Mid.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL  OLAS TAUL Cerulary  20 UNDERTAKER  ADJRESS
Fil	led D 191 7	Charles and March and the

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinologies.

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S. No. 1.

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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. B.—Every item of information should be CAUSE OF DEATH in plain terms, s. Important.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.St.;.....Ward)

If death occurred in a hospital or institution, give its NAME Instead

FULL NAME Che H. Cero	of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white (write the word)	(Month) (Day (Year)
6 DATE OF BIRTH MISSILL DER 87/834	that fast saw h alive on 8 2 5 , 1914.
(Month) (Day (Year)  7 AGE  1 LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or psrticular kind of work (b) General nature of Industry, business, or establishment in which employed (or smployer)	Chronie Parenchymators  nephritis  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER Johns on Country  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  7	Contributory Secondary  (Duration)  yrs  mos  ds.  (Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence
(Address). 131 Lin Miles 115 Filed. 928, 191 Lin Miles 115 Registran  If more blanks are needed, address State Regis	19 PLACE OF CURIAL OR REMOVAL  DATE OF BURIAL  DATE OF BURIAL  LUCY 18

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, But in many "Foreman," eu.T. (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defaulte synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, "peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitiul nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," "Puerperal septichae-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 2 1914 BUREAU.V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	1 PLACE OF DEATH 8343	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty W V Clark	Registration Dist. No. 353
Vill	2 FULL NAME Hanklin	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTURGETE OF DEATH
3 SI	Male Color or RACE Single, MARRIED, WIDOWED, WIDOWED, ORDINORCE ORDINAL  ATE OF BIRTH	16 DATE OF DEATH  (Month) (Day (Year)  17 1 HEREBY CERTIFY, That I attended deceased from  191, to 191
	(Month) (Day (Year)	that I last saw h alive on, 191
7 A C	If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a)	CCUPATION ) Trade, profession, or ricular kind of work.	no dr in attendance
bus	General nature of Industry, Iness, or establishment in ch employed (or employer)	(Ouration) yrsmosds.
BI	RTHPLACE (State or country)  Maryland	Secondary Secondary  Muration yrs mos ds.
S	FATHER UNROUN	(Signed) 1914 (Address) Berlin M. D.
ARENTS	OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	OF MOTHER Unnie Dennie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
	(Informant) Suarden Whaley	Where was disease confracted, If not at place of death?  Former or usual residence
16	(Address) Berlin, M.M.	Derlin Md. Cug. 15, 1914
FII	REGISTRAR	Curtia Coana Berlin
	If more blanks are needed, address State Refisi	trar, 6 E. Franklin At., Balto., Requesting V. S. No. 1.

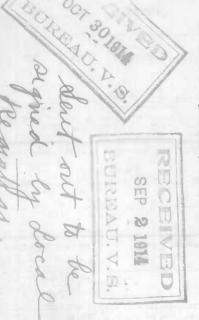


[Approved by U. S. Consus and American Public Health Association.]

cases, especially in Industrial employments, It is necness of various pursuits can be known. The questlon who have no occupation whatever, write None. eated thus: eausing neath, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galifully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. sication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Mcasles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis, eer" Is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canlnjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) eause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory (secondary or intercurrent) totanus) may be stated under the head Always qualify all diseases resulting from Measles "Seulle," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon," etc. State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

	PLACE OF DEATH 8344	STATE OF MARYLAND
Cou	inty Noverter	CERTIFICATE OF DEATH  Registration Dist, No.
VIII	age or City Berlin (No. A. J.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RAGE MARRIED, MIDOWED, ORGANICA (Write the word)	16 DATE OF DEATH (MA) 10, 1914 (Year)
6 DA	(Month) (Day (Year)	I HEREBY CERTIFY, That I attended deceased from  191. f, to
		and that death occurred on the date stated above, at
(b) busi whice	Generat nature of Industry, ness, or establishment in ch employed (or employer)  RTHPLACE (State or country)	(Ouration) yrs. mos. ds.  Contributory Secondary
PARENTS	10 NAME OF FATHER HENRY Purull  11 BIRTHPLACE OF FATHER (Nate or country)  12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER OF MOTHER OTHER	(Signed)
14 T	OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUETO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos. ds. State yrs, mos. ds  Where was disease contracted, if not at place of death?
15 File	REGISTRAR	19 purce of Burial OR REMOVAL DATE OF BURIAL  19 purce of Burial OR REMOVAL DATE OF BURIAL  20 UNDERTAKER ADDRESS  W. B. Mbaye Mis 15 erlin Mil
	II more blanks are needed, address State Regist	trat 6 E. Franklin St., Balto., P questing V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstatement. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonacum, etc., Carein-

which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacmns," "Old Age," "Shock," "Uraemia," "Weakness," thenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably snicide. The nature of the Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from Measles (disease causing "Senile," (Recommendations on statement of may be stated under the head of etc.), "Dropsy," death), 29 ds.; "Exhaustion," Never report



PHYSICIANS should of OCCUPATION IS RECORD statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT EXACTLY. 3 SEX 5 SINGLE, 4 COLOR OR BACE MARKED, WINDWED, FORBINDING (Write the word) properly classified: Exact (Month) (Day pe (Year) 7 AGE It LESS than plyode 1 day hrs. THIS OR ..... ? mos..... AGE 8 OCCUPATION (a) Trade, protestion, or RESERVED UNFADING INK particular kind of work. supplied. pe (b) General nature of industry, business, or establishment in may which employed (or employer) .... certificate. 9 BIRTHPLACE (State or country) carefully that TO NAME OF ŏ WITH MARGIN ARENTS on back 11 BIRTHPLACE terms, pinous OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME DEATH in plain See instructions of OF MOTHER Information 13 BIRTHPLACE OF MOTHER (State or country) WRITE OF MY KNOWLEDGE of OF (Informant) Important. Ш (Address) Every 15 20 UNDERTAKER allowar B REGISTRAR

If more blanks are needed, address State Registrar 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No

[If death occurred in a hospital or Institution. give Its NAME Instead

St.;.....Ward)

rey	of street and number.]
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH	, 191
. (Month)	(Day (Year)
776, I HEREBY GERTIFY, 1	
that I last saw he alive on A	w/ mon/ 1913
and that death occurred on the date s	R. A.
The CAUSE OF DEATH* was as follo	
(1)	
Forolopes	**************************************
M	
(Duration	)yrsmosds
Contributory	
(Dyftatio	pyyrs /mosds
GA Stat	Pro-
(Signed)	, M. D
0/1, 1914 (Address)	/ Cerlin no
*State the DISEASE CAUSING DEAT CAUSES, state (1) MEANS OF INJUR TAL, SUICIDAL, OF HOMICIDAL.	H, or, in deaths from VIOLENT Y; and (2) whether Acciden
18 LENGTH OF RESIDENCE (FOR HOSE	ITALS, INSTITUTIONS, TRANSIENTS
OR RECENT RESIDENTS)	the .
ot death yrs mos ds.	
Where was disease contracted,	
It not at place of death?	
usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL	PATE OF BURIAL

ADDRESS

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Very state



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At schoot or At home. statement. additional line is provided for the latter statement; cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. who have no ocenpation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the honsehold only (not paid Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursults can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of ocenpa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Satesman, "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal soptichuc-mia," "Puerperal peritonitis," etc. State eause for vatentar heart discase; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and eonsequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidentat drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras "Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhanstiou," Never report



PHYSICIANS should state of OCCUPATION IS VERY RECORD Exact statement PERMANENT stated EXACTLY. properly classified. 4 should be UNFADING INK-THIS IS AGE carefully supplied. See Instructions on back of certificate. WRITE PLAINLY, WITH pinous DEATH In plain of Information

County November

Village or City Pressore



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

CA.	Wand

[If death occurred in

2FULL NAME Dryden	give its NAME Instead of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White (Write the word)  4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	(Month (Day (Year))  17 I HEREBY CERTIFY That I attended deceased from
Odate of Birth  (Month)  (Day  (Year)  Tage  If LESS than	that I last saw here, alive on and that death occurred on the date system above, at 10 9 m,
yrsmosds.   1 day,hrs.   0 Rmin.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Contributory Convidering (Buration) yrs mos ds.
9 BIRTHPLACE (State or country) Manyland.  10 NAME OF FATHER 2 per Dr. Ande	Secondary  Duration yrs mos ds.  (Signed) A antonius by D.
11 BIRTHPLACE OF FATHER (State or country) Pocossorte City, My  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAI	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Potomore Cty Med  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the ot death yrs, mos ds. State yrs, mos ds Where was disease contracted, If not at place of death?
(Informant) In It Dyden	Former or usual residence
(Address). Premule  15 Filed 9, 1914 Johnson Hells an Registran	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  Planner  Por

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. υ<u>ά</u> CAUSE OF Important.

100 ż

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pheumonia"); Lobar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection used not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (uame origiu; "Canby carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerpenal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Auaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of "Dropsy," "Exhaustion," For vio-



AUE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 of information should be carefully supplied.

DEATH in plain terms, so that it may be in See instructions on back of certificate.

UNFADING INK-THIS IS WRITE PLAINLY, WITH CAUSE OF Important. S. No. 1. 0 ż

1 PLACE OF DEATH (No ...

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .:... -Ward) [If death occurred in a hospital or institution, give its NAME instead

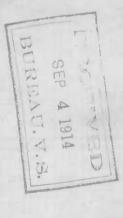
FULL NAME Julia a. Far	for contract and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frmale White (Write the word)	16 DATE OF DEATH 8 9 , 1914 (Month) (Day (Year)
6 DATE OF BIRTH Sant Brown	17 I HEREBY CERTIFY, That I attended deceased from 8/17, 1914, to 8/28, 1914,
(Month) (Day (Year)	that I last saw h. La alive on 8/27 ,191
<sup>7</sup> AGE If LESS than	and that death occurred on the date stated above, at 1 a m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Cerebral Henowhays
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 2 ds.
9 BIRTHPLACE (State or country) manyland.	Secondary Chronic repurition
10 NAME OF FATHER 11 ou of Poulant	(Signed) (Duration) Seeings mos ds.
11 BIRTHPLACE OF FATHER (State or country) on and cond.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Gallis Christophia	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) onylon de	At place In the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) William Forlow	Former or usual residence
(Address) Boxeron Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 8/29, 1914 LEROY Swith	4 rulland Said Ung. 29, 1914  20 UNDERTAKER  ADDRESS
REGISTRAR  If more blanks are needed address State Posts	trar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.
are meeted, address State Regis	tiat, o E. Frankini St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Censns and American Public Health Association.]

applies to each and every person, irrespective of age. cases, especially in industrial employments, it is uee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthfuleated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Lutomobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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18 pinons OCCUPATION PERMANENT Exa ciassified. 4 IS UNFADING back terms, 0 plain EATH in plain e instructions of i OF Every Item CAUSE OF Important.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in .....Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5-SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED, (Year) (Month) (Write the word) DATE OF BIRTH (Month) Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? .....ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE A1 place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. ..... ds. State ..... yrs. Where was disease contracted. MY KNOWLEDGE If not at place of death? Former or (Informant) osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Weglstrat, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

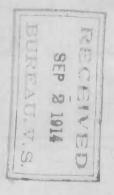


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ilishould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engincer, Stationary freman, etc. But In many first line will be sufficient, 'e. g., Farmer or Planter, applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from busluess, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origiu; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Coutributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HIS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection used not be stated unless important. is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



OCCUPATION PHYSICIANS RECORD PERMANENT THIS certificate. 0 back terms, 00 ATH in plain instructions DEAT See jo OF Every It

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred in St.:...Ward) a hospital or institution, give Its NAME Instead of sfreet and number. ] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX DATE OF DEATH. 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, (Month) (Dav (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY: That I (5) onth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day hrs. OR ..... 7 8 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General natura of Industry. business, or establishmanf in (Duration) .....yrs... which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death ..... yrs. ..... State ..... yrs. \_\_\_\_ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at placa of death? Former or usual rasidence. Important. BURIAL OR REMOVAL DATE OF BURIAL (Address) .... 15 AODRESS If more blanks are needed, address State Registrat 6 E. Franklin St., Baito., Requesting V. S. No. 1.

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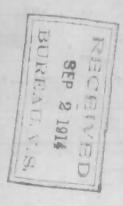


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various parsuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (0)

lesis of lungs, pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) time and causation), using always the same accepted causing death (the primary affection with respect to term for the same disease. Examples: Cerebrospinal ("Pneumonia," fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never report "Typhoid meninges, peritonaeum, etc., unqualified, is indefinite): Tubereu-Diphtheria "Epidemic cere-(avoid use

> mia," "Puerperal peritonitis," etc. State cause for ample: Measles (disease cansing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerreral septiebucetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report



Very SICIANS should occupation is PHYSICIANS RECORD jo statement PERMANENT properly GE suppiled. UNFADING may certificate. carefully that terms, should uo plain Information EATH 0 Item E OF mportant. Every fte

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Worceste Registration Dist. No. Ilf death occurred in St.:...Ward) a hospital or institution, give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 16 DATE OF DEATH MARRIEO. WIOOWED, Marry (Month) (Day (Year) OROIVORGEO (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 1860 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 11.30 Pim. 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? ever/ 8 OCCUPATION (a) Trade, profession, or (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 50 back 11 BIRTHPLAGE PARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME See Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State ...... yrs. \_\_\_\_ ds \_\_ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 .... 1914 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

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RECORD A PERMANENT UNFADING INK-THIS IS PLAINLY, WITH

S. No. 1.

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#### Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE CAUSE OF

LELACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

St.;....Ward)

[it death occurred in a hospital or Institution, give its NAME Instead ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEEX 4 COLOR OR RACE 5 SINGLE, MARRIED Lingle WIDOWED Lingle OR DIVERSE THE WORD OF THE WO	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, Teat I attended deceased from 191, 191, 191, 191
yrs mos ds OR min ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH*IWAS as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER	Contributory Secondary (Ouration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or eountry)  12 MAIDEN NAME OF MOTHER  WHAT  DARIN  DAR	*State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUNY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease confracted, if not at place of death? Former or usual residence.
(Address) Page Sylvage May 15 Filed Ale 12, 1914 N. L. Hollomay REGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Mauager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm taborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. (a) Spinner, (b) Cotton mitt; (a) Salesman, (b) it should be used only when needed. essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Furmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the Insease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of tungs; meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic canse. Always qualify all diseases resulting from eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS, state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of by carbotic acid-probabty suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," ete. State cause for For vio-



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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3 3

lif death occurred in St.:....Ward) a hospital or institution. give its NAME instead Ellen Hast of street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. 1914 WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH May (Month) (Day (Year) 7 AGE if LESS than and that desth occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ---9 BIRTHPLACE (State or countr Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE (State or country) tate the DISEASE CAUSING DEATH, or, in deaths from VioLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ (State or country \_ ds. State \_\_\_\_\_ yrs.\_\_ Where was disease contracted. if not at place of death?. Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER Cenute ADDRESS Filed. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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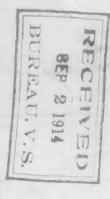
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[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

ctc., when a definite disease can be ascertained as the nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all discases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Measles (disease causing death), 29 ds.; (secondary or intercurrent)



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT

RECORD

WRITE PLAINLY, WITH

Every item of information should be CAUSE OF DEATH in plain terms. se

N. B.-

important.

8352 PLACE OF DEATH Voicester



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	20.	Registration Dist, No. 353
Vill	age or City Mar Berlin (No.	St.; Ward)   [It death occurred in
	FULL NAME Milly 6.	Jewy st.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
n	1 ale Black Single, MARRIED, WIDOWED, ORDIVORED (Write the word)	(Month) (Day (Year)  17 I HEREBY CERTIFY That I attended deceased from
6 D/	MINTE OF BIRTH  Month)  Day  (Year)	that I last saw h
7 A C	(2002)	and that death occurred on the date stated above, at
(a) par	Trade, profession, or control of work and a	
bus	General nature of Industry, ness, or establishment in ch employed (or employer)	no doctor (Ouration) yrs. mos. ds.
9 81	10 NAME OF FATHER No. 10 Md.	Contributory Secondary  (Boration) yrs mos ds.  (Signed)
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  13 MAIDEN NAME  14 MAIDEN NAME  16 MAIDEN NAME  17 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  18 MAIDEN NAME  19 MAIDEN NAME  10 MAIDEN NAME  11 MAIDEN NAME  11 MAIDEN NAME  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
۵.	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs, mos ds.
	Interment) Saul Herry	Where was disease contracted, If not at place of death?  Former or usual residence.
15 File	(Address) - OSILIN J. Ma, 10 8-10-, 1914 W. L. Tholloway REGISTRARY	Jernantoun Cemetery 8 9-, 1914  20 UNDERTAKER LANGE & Bro. Berlin
	If more blanks are needed, address State Regis	trat, 6 E. Franklin St., Balto. Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-"Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as minc, cte. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional live is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has As examples:

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to the and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid disease of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichacete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Wcakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coua," "Convulsions," "Debility" ("Conmere symptoms or Bronchopucumonia (secondary), 10 ds. Never report eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. The contributory (secondary or intercurrent) "Puerperal peritonitis," tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustlou," ete. State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is permanently filed.

to be signed SEP 2 1914

Chy Cocal BULLEAU, V.S.

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BINDING	S A PERMANENT	be stated EXACTLY.
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RESER	UNFADING	carefully suppli
MARGIN	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	om of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Morcy of Registration Dist, No. fit death occurred in -Ward) a hospital or institution, give Its NAME Instead ot street and number.] nam PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trade, profession, or nous particular kind of work. (b) General nature of Industry, mos weeks business, or establishment in (Duration) which employed (or employer) ..... See instructions on back of certificate. Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ...... yrs. ..... mos. ..... ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usuai residence. mportant. PLACE OF BURIAL OR REMOVAL PATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. who have no occupation whatever, write None. been changed or given np on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupathus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman," The (0)

pneumonia"); Lobar causing death (the primary affection with respect to "Cronp";) brospinal meningitis"); forer (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using aiways the same accepted ("Pnenmonia," Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonacum, etc., Typhoid fever (never report "Typhoid unqualified, is indefinite): Tubercupneumonia; Bronchopneumonia Diphtheria Examples: Cerebrospinal (avoid use of Carcin-

> ample: Meastes (disease cansling death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "Asaffection need not be stated nuless important. such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. "State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus genital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Inmor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," Never report



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3 SEX TAGE BOCCUPATION

1 PLACE OF DEATH



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:---Ward)

[It death occurred in a hospitat or institution. give its NAME instead

ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE, Dugle 16 DATE OF DEATH 4 COLOR OR RACE WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from TE OF BIRTH (Day It LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? (a) Trade, protession, or particular kind of work. (b) General nature of Industry, 2 business, or establishment in (Duration) which employed (or employer) --Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or MOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ...... yrs. ..... mos. .... ds. State ..... yrs, \_\_\_\_ mos, \_\_\_ ds Where was disease contracted. 14 THE ABOVE IS TRUE tt not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 REGISTRAF

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

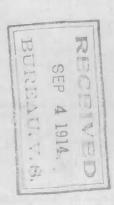


[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are exceed in the duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulof persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation hus (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid Theumonia"); Lohar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ralvular heart disease; Chronic interstitial nephritis, affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-acci ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all discases resulting from Measles (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," State cause for "Exhaustlon," Never report



S. No. 1.

N.B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

1 PLACE OF DEATH

County Workerston

8355

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or Institution, give Its NAME Instead of street and number.]

2 FULL NAME aluie In. 15 May

(No.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OPPOLYORGED OPPOLYORGED OPPOLYORGED TO THE PROPERTY OF THE PROPERT	16 DATE OF DEATH 24, 1914 (Nonth) (Day (Year)		
Temano (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from		
DATE OF BIRTH	aug 2/ 1914 to aug 25 , 1914,		
Jan 28 1910			
(Month) (Day (Year)	that I last saw h M alive on		
<sup>7</sup> AGE It LESS than	and that death occurred on the date stated above, at 10-9 m.		
4 yrs. 6 mos. 28 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows:		
8 OCCUPATION (a) Trade, protession, or	To the second		
particular kind of work			
(b) General nature of Industry, business, or establishment in	11/		
which employed (or employer)	(Duration) yrs mos. ds.		
9 BIRTHPLACE	Contributory		
(State or country)	Secondary		
10 NAME OF	(Duration) yrs mos ds.		
FATHER 10/	(Signed) Total A. Diley M. D.		
1 hos for Bully			
O 11 BIRTHPLACE OF FATHER	Cup 76, 1914 (Address) Duor Hell, Mil,		
(State or country) frankand  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT		
12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAPSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.		
of MOTHER O	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
armo n	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,		
13 BIRTHPLACE OF MOTHER	At place in the		
(State or country) Land	ot death yrs. mos. ds. State yrs. mos. ds		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?		
The Isells	Former or		
(Intermant)	usual residence		
(Address) Suro as Hill	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address)			
16 ch , 800 1 4	Aposawango cumily dug & 7 ,191.4		
Filed 8/27, 191 4 Cros Suuls	20 UNDERTAKER ADDRESS		
REGISTRAR	W.T. Fran Snow Hill		
If more blanks are needed, address State Regis	trar & E. Franklin St. Bulto Beanesting V. C. No. 1		



[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as daties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, perilonaeum, etc., Carcin-

calvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease cansing death), 29 affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae



V. S. No. 1. 329

1.0

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH county Horcester

8356

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 353

St.; Ward)

If death occurred is a hospital or institution, give Its NAME lostead of street and oumber.]

r City Bishopville (No. 2)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Third Single, Married, Married, Wisower, Wisower, Wisower, Wisower, Wisower, Wisower, Write the word)	16 DATE OF DEATH  August 16 (Month) (Day (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
Godfe of Birth  June 10 , 1838  (Month) (Day (Year)	that I last saw had alive on aug 14 , 191 4
TAGE  If LESS than t day, hrs.  yrs. 2 mos. 6 ds. OR. min.?	and that desth occurred on the date stated above, at 930A, m.  The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry,	ocartilis - with-markent array thomas due to mirtinen
business, or establishment in Laure Hork which employed (or employer)  9 BIRTHPLACE (State or country)  Pelawal	Contributory Secondary (Duration) yrs mos ds.
10 NAME OF FATHER Jehn. Furnam  11 BIRTHPLACE OF FATHER (State or country) Delawar  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) , 191 4. (Address) Bishafaille Mill.  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER LAtte furname  13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Intermant) Elsha & Loyton	of death yrs mos ds. State yrs mos ds  Where was disease contracted, If oot at place of death?  Former or usual residence
(Address) Bishipull AUD  15 Filed Azeg 16, 191 4 Trinothy Registrar	Family Comband Aug S., 1914  20 UNDERTAKER  A F Station Selbyelle
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civit engineer, Stationary freman, etc. But in many should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication as Day taborer, Farm taborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the pisease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the Grocery; (a) Foreman, (b) Automobite factory. The (a) Spinner, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Satesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerferal peritonitis," childbirth or misearriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes affection need not be stated unless important. valvutar heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association. eause of death approved by Committee on Nomencla injury, as fracture of skull, and eonsequences (e. g., dent; Revotver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the by carbolic acid-probabty suicide. The nature of the Accidental drowning; Struck by raiticay train-acci-"Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing etc. State cause for death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

	PLACE OF DEATH 8357	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 357
Villa	FULL NAME K. Sillientha	St.; Ward) a hospital or institution give its NAME insternation of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE B DA	TE OF BIRTH Doul- Russon	16 DATE OF DEATH  (Year  17 I HEREBY CERTIFY, That I attended descaped in the saw has alive on Oreg. 13 191  that I man saw has alive on Oreg. 13 191
7 AG	(Month) (Day (Year)    It LESS than   1 day,hrs.   ORhrs.   ORhrs.	and that death occurred on the date stated above, at 3-30. The CAUSE OF DEATH* was as follows:
part (b) busin	Trade, profession, or Nort-Russes  Cloular kind of work  General nature of industry, ness, or establishment in Loud-Russes	Jak
whic	RTHPLACE (State or country) Ougina	Contributory 7 Secondary (Quration) 2 Pro-
whic	10 NAME OF FATHER World Revous  11 BIRTHPLACE OF FATHER (State or country) Would know Parker (State or country) Would know	Contributory Secondary  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (A
SLNMARA T	11 BIRTHPLACE OF FATHER  State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Signed)  (Address)  (Address)

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school on At home. who receive a definite salary), may be eutered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stutionary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodur pneumonia; Bronchopneumonia ("Theumonia," unquallied, is indefinite): Tuberculesis of lungs, meninges, peritonaguni, etc., Carcine

t. Eillien These

"Heart failure," "Haemorrhage," "Inauition," "Maras scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichac mus," "Old Age," "Shock," "Uraemia," "Weakness." "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tamor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Cauture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably snicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for etc., when a defiuite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. ample: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), "Dropsy," "Exhaustion," Never report



No. 1. v.

N.B.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OGCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate. WRITE PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, &

	PLACE OF DEATH 8358	STATE OF MARYLAND
Cor	my Worcester	CERTIFICATE OF DEATH
COL		Registration Dist. No. 335
	(1300 line Made	[If death occurred in
Vill	age or City (No. // C	St.; Ward) a hospital or institution, give its NAME instead
	2 FULL NAME Richard Do	uglass dynch of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, WIDOWED.	16 DATE OF DEATH  (Month) (Day (Year)
	Tall While (Write the word)	17 I HEREBY GERTIFY, That I attended deceased from
8 D/	TE OF BIRTH DA O+1. 013	ag 2 7 , 191 , to
	(Month) (Day (Year)	that Jast saw h alive on
7 A C		and that death occurred on the date stated above, at 4
	8 19 1 day,hrs.	The CAUSE OF DEATH * was as follows:
8 01	yrsds.   ORmin.?	
(a)	Trade, profession, or	Necessary
1	General nature of industry,	321 Degree Burn
	ness, or establishment in ch employed (or employer)	(Duration) yrs mos ds.
	RTHPLACE (State or country) Manuland	Secondary Challey and from al flore
	1D NAME OF 7/	(Duration) yrs mos ds.
	FATHER Henry See Lynch	(Signed) , M. D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
PAR	12 MAIDEN NAME Atie Holland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)  Maryland	OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) May Jolland	Former or usual residence.
	(Address) Colorlin, //	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1 6 FIII	829 1914 H. L. Haccoway	Bukmighan Centy Wing, 29, 191 4 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, E. Franklin St., Palto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Consus and American Public Health Association.]

statement. applies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not it should be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

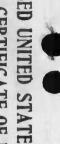
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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

Village or City Rea Coly (No	STATE OF MARYLAND CERTIFICATE OF DEATH  Registration Dist. No. 35  St.; Ward)  [If death occurred in a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COOR OR RACE  MARTIED, WIDWITT, OR DIVINE the word)  6 DATE OF BIRTH  (Month) (Day (Year)  7 AGE  11 LESS than 1 day,hrs.	that I last saw has slive on the date state shove, at 3 Pm The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  **DOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (b) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (c) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (c) General nature of industry, business, or establishment in which employed (or employer)  **DOCCUPATION (c) General nature of industry, business, or establishment in which employed (or employer)	(Signed) (Buration) yrs mos ds.  (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Signed) (Si
OF FATHER (Style or country) Sallo Medical Style or country)  12 MAIDEN NAME OF MULLIE WELLE OF MOTHER (State or country) Salesbury Zeef (State or country) Salesbury Zeef (Informant)  (Address) Peace Cely Medical Style of Style or Country)  15  Filed Que 27 1914 Jad X Munipud	*State fie DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) Whether Accidental, Suicidal, or Homicidal.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL of fills Learning Ivan, and yrd, 191.
REGISTRAR	rar 6 E. Franklin St., Balto., Requesting V.S. No. 1,



### REVISED UNITED STATES STANDARD [Approved by U. S. Census and American Public Health CERTIFICATE OF DEATH

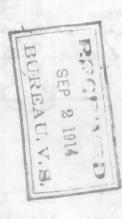
Association. J

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

pneumonia"); Lobar pneumonia; Bronchopneumonia losis of lungs, meninges, peritonaeum, etc., brospinai meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. Examples: Cercbrospinal time and causation), using aiways the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medicai Association.) "Contributory." sepsis, tetanus) childbirth or misearriage as by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marastheuia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of "PUERPERAL septichae-Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



1 PLA

County Lis

Bishopille (No.	STATE OF MARY CERTIFICATE OF Registration Dist.  St.;Ward)	DEATH
DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
4 COLOR OR RACE SINGLE, MARRIED, Washington Wilder Grand Married (Miller Mond)	16 DATE OF DEATH (Month)	25- (Day

Vil	lage or City Bishupille (No	St.; Ward)  [It death occurred is a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	emale 4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
T A	### ATE OF BIRTH    March   6   18   18   18   18   18   18   18	that I last saw here alive on
(a) pa (b) bus	OCCUPATION ) Trade, protession, or ricular kind of work ) General nature of Industry, siness, or establishment in Jen Low Honk Ich employed (or employer)	(Duration) yrs mos 2 ds
ARENTS	10 NAME OF FATHER Elijah Easham  11 BIRTHPLACE OF FATHER (State or country) Maryland  12 MAIDEN NAME	(Signed) (Doration) yrs mos ds  (Signed) (Signed) (Address) (Signed) (Signe
14 7	OF MOTHER State Sould  13 BIRTHPLACE OF MOTHER (State or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah & Coffee	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS) At place in the ot death
15 Fil	(Address) Bishofulls III Service Registran  If more blanks are needed, address State Regis	19 PLACE OF BURIAL OR REMOVAL  Od feller by Long 27, 191.4  20 UNDERTAKER  ADDRESS  ADDRESS  Stranklin St., Baito., Requesting V. S. No. 1.
		rill.



[Approved by U. S. Consus and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Honscwife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite symonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meminges, peritonaeum, etc., Carcin-

ralvular heart discuse; Chronic interstilial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fullure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbotic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhaustion," For vio-



### No. 1. ů

B ż

### PHYSICIANS should state of OCCUPATION is very RECORD properly classified. Exact statement PERMANENT should be stated EXACTLY. WRITE PLAINLY, WITH UNFADING INK-THIS IS AGE carefully supplied. Important. See instructions on back of certificate. of Information should be DEATH in plain terms, CAUSE OF

1 PLACE OF DEATH

County Morrousles



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;.....Ward)

[It death occurred in a hospital or Institution.

	2FULL NAME Poiscilla Grad	give Its NAME Instead of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX	usle Belle (Write the word)	16 DATE OF DEATH  (Monty)  (Day  (Year)		
6 DATE	(Month) (Day (Year)	that I last saw h alive on the date stated above, at // @ m.		
8 OCC (a) Tra particu (b) Ge busines which i	Jyrs mos ds. 1 day,hrs.  OR	The GAUSE OF DEATH* was as follows:    War Call Sol frame X    Contributory   Revenience   Aung Secondary		
ENTS	ONAME OF Hashington Umglo  BIRTHPLACE OF FATHER (State or country)  Maryland  MAIDEN NAME  MAIDEN NAME	(Signed) (Signed) (Address) (Signed) (Address)		
14 THE	BIRTHPLACE OF MOTHER (State or country) Wor B MM.  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Address) Seew Oul Prod  (Address) Seew Ou	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, It not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CECACY Chaple Removal ADDRESS		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Furmer or Planter, For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Nevcr Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carein-

mia," "PUERPERAL peritonitis," etc. mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansucb, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci LENT DEATHS state MEANS OF INJURY and qualify as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. "Contributory." sepsis. tetanus) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," (Recommendations on statement of may be stated under the head of (disease causing death), 29 ds.; etc.), "Dropsy," "Exhaustiou," State cause for Never report



### AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT 4 UNFADING INK-THIS IS carefully supplied. PLAINLY, WITH WRITE

DEATH in plain terms, so that it masses instructions on back of certificate.

CAUSE OF important.

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V. S. No. 1.

RECORD

1 PLACE OF DEATH Village or City hear Survivitue and

### STATE OF MARYLAND CERTIFICATE OF DEATH

35 Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

Oring's Predre

2FULL NAME	×
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Colored (Write the word)	18 DATE OF DEATH (Mosth) (Day (Year)  17 I HEREBY CERTIFY, That I strended deceased from
(Month) (Day (Year)	that I last saw, has alive on Jacky 2 7 , 1914
7 AGE If LESS than 1 day,	and that desth occurred on the date stated above, at
GOCCUPATION (a) Trade, profession, or particular kind of work	airlosis of Live
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Woresoler Com	Secondary (Dgratlon) yrs mos ds.
10 NAME OF FATHER Cryons, Pordoe  11 BIRTHPLACE OF FATHER OF THE OFFICE OF FATHER OF THE OFFICE OFFICE OFFICE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFI	(Signed) Carry M. D.  7-24-1914 (Address) Bullian  *State the DISPASE CAUSING DEATH of in deaths from Violence
12 MAIDEN NAME OF MOTHER Nameie Yingle	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICINAL, OF HOMICINAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) we calculated and 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death?
(informant) lohais. A Speneer	Former or usual residence
(Address) Institute and The Secretary Registrary	Cedar Chaple Cumelery and 1914  20 UNDERTAKER  ADDRESS  ADDRESS
	strar 6 E. Franklin St. Bulto, Requesting V. S. No. 1



[Approved by U. S. Consus and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speci-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cuses, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman," (6)

lesis of lungs, term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic ceremenlugitis"); Typhoid meninges, unqualified, is indefinite): Tubercufever (never Diphtheria (avold use of peritonaeum, etc., report "Typhoid

> thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as which surgleal operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or mlscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Puerperal septichac-"Exhaustion," Never report



OCCUPATION PHYSICIANS RECORD jo statement PERMANENT proper 5 UNFADING jddns certificate. carefuily Jo WITH back terms, LO See Instructions information DEATH 0 PO item mportant. Every ite

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unty workester	••••	100
Janow Si	i, ma	/

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St .: .....Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead

of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day (Write the word) (Month) (Day (Year) 7 AGE If LESS than 1 day,.....hrs. BOCCUPATION (a) Trada, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) ..... Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country \_\_\_\_\_ yrs. \_\_\_\_ ds. State ..... yrs. \_ Where was disease contracted. If not at place of death? DATE OF BURIAL 16 20 11

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: causing death, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturu "Laborer," As examples: But in many "Foreman,"

("Pnenmonla," lesis of Tungs, meninges, peritonaeum, etc., pneumonia term for the same disease. Examples: Cerebrospinal time and causation), using aiways the same accepted causing death (the primary affection with respect to brospinal meningltis"); Diphtheria fever (the only definite synonym is Statement of cause of death-Name, first, the DISEASE (a,"); Typhoid Lobar pacumonia; Bronchopaeumonia nnqualified, is indefinite): Tubercuferer (never report "Typhoid "Epidemic cere-(avoid use of

> ample: Mcasics (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name origin; "Canetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnrc," "Haemorrhage," "inanition," "Marasthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichue "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeondary), 10 ds. Never report "Contributory." scpsis, tctanus) may be stated under the head of Accidental drowning; Struck by railway train-acci ture of the American Medical Association.) cause of death approved by Committee on Nomenclais less definite; avoid use of "Tnmor" for mallg-The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhanstion,"



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

carefully supplied. AGE should be stated EXACTLY.

that it may be

terms, so that it m n back of certificate.

of information should be See instructions or

B.—Every item CAUSE OF Important.

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S. No. 1.

1 PLACE OF DEATH

Village or City hear Resluci Mod No.

8364

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[If death occurred in a hospital or institution,

FULL NAME Infant of John	8 Purnell give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH  (Wath)  (Year)  17 I HEREBY CERVIFY, That I attended deceased from
Month) (Day (Year)	Cuy 11 -191 to Cuy 12 7915, that I last saw h = allve on
7 AGE II. LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work.  (b) Deneral nature of industry,	Chalera Infanta
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Mayland	Contributory Secondary  (Defailori)yrsmosds.
10 NAME OF Julia & Purrill	(Signed) M. D.
11 BIRTHPLACE  OFFICE OF COUNTRY) Mary Cand  12 MAIDEN NAME COFFICE OF MOTHER COFFIC	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Thestella, Ruthards	TAL, SUICIDAL, OF HOSTICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Mayland	At place in the of death yrs mos ds. State yrs, mos ds
(Interment) Staff The sest of My KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Thornells ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DELLE MA Aug 13 1814

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gaiufully employed, as At sehool or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. who have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. ness of various pursuits can be known. The question first line will be sufficient, c. g., For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, return "Laborer," Farmer or Planter, "Foreman," -Coal

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage as "Puerperal septiehaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Scuile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (uame origin; "Can-Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal couditions, such as "As-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under (secondary or intercurrent) "Dropsy," "Exhaustiou," State the head of Never report cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED SEP 8 1914 BURLAU, V.S.

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state should ION Is OCCUPATION PHYSICIANS RECORD PERMANENT proper supplied. UNFADING certificate. 50 back terms, pino plain Instructions c PL EATH See ō ā OF Item Every Item CAUSE OF Important. 0

ARENTS

PLACE OF DEATH 8365 STATE OF MARYLAND brute CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.;....Ward) a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDDWED, (Month (Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? BOCCUPATION (a) Trada, profession, or particular kind of work will (b) General nature of industry. business, or establishment in which employed (or employer) -9 BIRTHPLACE (State or country) 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS

15 REGISTRAR

\*tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS.

(Address)

OR RECENT RESIDENTS At place In the of death ..... yrs. ..... State ..... yrs. \_\_\_ Where was disease contracted.

If not at place of death? Former or

usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

APORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion,"



should OCCUPATION PHYSICIANS statement PERMANENT classified. P INK pe may certificate. 80 50 back terms, Instructions plai 2 EATH 000 Item OF ant. CAUSE Importan

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 J Ilf death occurred in ....Ward) a hospital or institution. give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED, ORDIVORCED (Write the word) (Day (Year) Y. That I attended deesed from 17 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date atted above, at 1 day ......hrs. The CAUSE OF DEATH \* was as follow OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment In which employed (or employer) BIRTHPLACE Contributory.... Secondary (State or country) 10 NAME OF FATHER ARENTS OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in don'ts from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) Where was disease contracted. DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS Filed.

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REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, For many occupations a single word or term on the Statement of occupation-Preelse statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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OCCUPATION PHYSICIANS PERMANENT Cla proper INK UNFADING certificate. 80 jo WITH back terms, plain instructions DEATH See Jo OF mportant. ы Every

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

S	ŧ.	g	W	ard)	

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

1 PLACE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. OLO ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTUFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at .. 1 day, .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) ..... 9 BIRTHPLACE (State or country) Gontributory ..... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State ..... yrs. \_\_\_\_ mos. Where was disease contracted. KNOWLEDGE If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are cugaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite syudym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerieral peritonitie," ctc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental diourning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failurc," "Hacmorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Couvulsions," "Debillty" ("Conis less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Measles (disease causing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," For VIO-



PHYSICIANS should state of OCCUPATION is very PHYSICIANS Exact statement PERMANENT stated EXACTLY. properly classified. 4 should UNFADING INK-THIS AGE carefully supplied.

o that it may be p See Instructions on back of PLAINLY, WITH pe should of information WRITE CAUSE OF Important.

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### 1 PLACE OF DEATH STATE OF MARYLAND

County / recentre	CERTIFICATE OF DEATH
1	Registration Dist. No. 32 U
Village or City resurfue (No.	St.; Ward)  [If death occurred in a hospifal or institution, give its NAME instead of sfreef and number.]
2FULL NAME SIGNED 9- ///	· I havefusing
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIEO, WIDOWEO, ORDIVORCEO (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)  17 1 HEREBY CERTIFY, That I attended deceased from
Afail 74 (Youth) (Day (Your)	that I lest saw have allve on Que 16 191 4
7 AGE   If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2 1 7 m, The CAUSE OF DEATH * was as follows:
OCCUPATION  (a) Trade, profession, or parficular kind of work.  (b) General nature of industry, business, or establishment in	Partien) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary Contributory Contribu
11 BIRTHPXICE OF FATHER (Stat. of country)	(Signed) Strategy, M. D 4 (Address) Jacobs Cuy
OF FATHER (State of country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from IOLENT CAUSES, state (1) MEANS OF INJURY; und (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL,  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or edyntry)  14 THE ABOVE IS TRUETS THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted.
(informant)	If nof af place of deafh?  Former or usual residence.
(Address) beauth Cley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  S. 191.4.
Filed 7 , 191 4 Phones Villera REGISTRAR	Subruse Ame Premile

If more blanks are needed, address State Registrar. 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the nisease causing neath (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is ludcfinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sareoma, etc., of...... (name origiu; "Cannant ueoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defluite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronie interstitial nephritis, scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probability LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably snicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP I 1914

S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

8369

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 351

St.:---Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

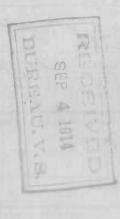
100	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
6 DAT	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h. 12 alive on Deng 11 1914
7 AGI	If LESS than f day,hrs.	and that death occurred on the date stated above, at
	yrs mos ds. OR min.?	THE GAUSE OF DEATH × was as follows:
(a) T	CUPATION rade, profession, or cular kind of work	Broucho- Preumonia
(b) (busing which	General nature of industry, ess, or establishment in n employed (or employer)	(Duration) yrs mos 10 ds.
(	State or country) woresly of med	Secondary (Doration) yrs mos 20 ds.
TS	10 NAME OF FATHER Shee J. Waters  11 BIRTHPLACE OF FATHER	(Signed) Seurselart, M. D.  Oug!!, 1914 (Address) Snow Hill Md.
AREN	(State or country) for ester Co md	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
0	OF MOTHER Mary of Slevenson	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	(State or country) wor custure a mad	At place of death yrs mos ds. State yrs mos ds
14 TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(1	ntormant) Thu J. Walers	Former or usual residence
	(Address) Girdle bur md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Filed	8/1.2 1914 REROY Servith	Coologian Cenulary 2 12,1917 20 UNDESTAKEN ADDRESS
	REGISTRAR  If more blanks are needed, address State Register	Ito william Inow Hellow

[Approved by U. S. Consus and American Public Health Association.]

eated thus: mine, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec applies to caeh and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honschold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil enyineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. tion is very important, so that the relative healthfulit should be used only when needed. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," The question As examples: But in many "Foreman," (0)

causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle cerebrospinal meningitis"): Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

'Inus," "Old Age," "Shock," "Uraemia," "Weakness," LENT DEATHS state MEANS OF INJURY and qualify and mia," "Powereral peritonitis," etc. State cause for which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansnell, if impossible to determine definitely. Examples: childbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory "Pringereral peritonitis," etc. Measles (disease eausing death), 29 ds.; Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or interenrent) "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

Gounty.

8370



### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:---Ward)

[If death occurred in a hospital or Institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Famale Colored (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
** DATE OF BIRTH  Mel 9 1 (Year)  (Month) (Day (Year)  7 AGE It LESS than	that I last saw h alive on S 14 191 191 191 191 191 191 191 191 191
3 yrs 5 mos 9 ds. OR min.?	and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows:
(State or country)  (b) General nature of Industry, business, or establishment in which employed (or employer)  Performance (State or country)  Workester & and	Contributory Contributory (Duration) yrs mos ds.
10 NAME OF FATHER STULE L. Watero  11 BIRTHPLACE OF FATHER (State or country) workedure and  12 Mandoen Name of Mother of Moth	(Signed) Selection , M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Many of Slevenson  13 BIRTHPLACE OF MOTHER (State or country) worester and  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs mos ds  Where was disease contracted,
(Informant) John J. Walvio (Address) Girdle Granther Md	If not at place of death?  Former or usual residence
Filed 8/19, 1914 Dickon Swith	20 UNDERTAKER CINCLEVY CLY 9, 1914
If more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: But in many "Foreman,"

icsis of lungs, ("Pneumonia." pneumonia"); brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted causing death (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synonym is "Epidemic cere-Typhoid Lobar pneumonia; Bronchopneumonia meninges, unqualified, is indefinite): fever (never peratonaeum, etc., report "Typhoid Tubercu-

> valvular heart discase; Chronic interstitial nephritis. nant neoplasms); Mcastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify a which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichue ctc., when a definite disease can be ascertained as the "Heart fullure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopheumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, telanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (Recommendations on statement of (disease cansing death), 29 ds.; (secondary or intercurrent) State Never report cause for

